Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service ► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) 587278201904501nobhw		
Taxpayer's name	Social security number	
SATISH GADEPALLY	301-93-5053	
Spouse's name	Spouse's social securit	y number
Part I Tax Return Information — Tax Year Ending December 3	31, 2018 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) .		1 34,863.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2 2,555.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, lir		3 5,372.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 104		4 2,817.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5
Part II Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a cop	oy of your return)
for the tax year ending December 31, 2018, and to the best of my knowledge and belief, the in Part I above are the amounts from my electronic income tax return. I consent to allow originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledge reason for any delay in processing the return or refund, and (c) the date of any refund. If a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received date. I also authorize the financial institutions involved in the processing of the electronic answer inquiries and resolve issues related to the payment. I further acknowledge that the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	why intermediate service provider, tragement of receipt or reason for rejectic pplicable, I authorize the U.S. Treasury tution account indicated in the tax preparation in the tax preparation of the entry to this account authorization. To revoke (cancel) a pay ved no later than 2 business days price payment of taxes to receive confider	ansmitter, or electronic return on of the transmission, (b) the and its designated Financial paration software for payment count. This authorization is to ment, I must contact the U.S. or to the payment (settlement) tial information necessary to
Taxpayer's PIN: check one box only		
<u></u>	to enter or generate my PIN	5 5 0 5 3
ERO firm name		ter five digits, but
as my signature on my tax year 2018 electronically filed income tax r	return. do	n't enter all zeros
I will enter my PIN as my signature on my tax year 2018 electronical entering your own PIN and your return is filed using the Practitioner I		
Your signature ►	Date ►	
Spouse's PIN: check one box only		
☐ I authorize	to enter or generate my PIN	
ERO firm name	En	ter five digits, but
as my signature on my tax year 2018 electronically filed income tax r	return. do	n't enter all zeros
I will enter my PIN as my signature on my tax year 2018 electronical entering your own PIN and your return is filed using the Practitioner I		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Onl	v—continue below	
Part III Certification and Authentication — Practitioner PIN Me	-	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele		8 6 1 9 8 9 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the taxpayer(s) indicated above. I confirm that I am submitting this return in a method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indiv	ne tax year 2018 electronically fil accordance with the requiremen	led income tax return for
ERO's signature ▶	Date ▶	
ERO Must Retain This Form — S Don't Submit This Form to the IRS Unles		

Form **9325** (January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

I hank you for participating in IRS e-file.	
301-93-5053	
Taxpayer name SATISH GADEPALLY	
Taxpayer address (optional)	
3208 NEW BRUNSWICKAVENUE APT 8	
PISCATAWAY NJ 08854	
1. X Your federal income tax return for2018	
Submission Processing Center. The electronic f	iling services were provided byGLOBAL TAXES LLC
	using a Personal Identification Number (PIN) as your electronic Electronic Return Originator (ERO) to enter or generate a PIN urn is 587278201904501nobhw.
3. Your return was accepted on	Allow 4 to 6 weeks for the processing of your return.
	emption on your return may be reduced or disallowed due to a
4. Your electronic funds withdrawal payment reque	est was accepted for processing.
5. Your electronic funds withdrawal payment reque Tax" section.	est was not accepted for processing. Refer to the "If You Owe
6. Your Form 4868, Application for Automatic Exte accepted on The is	nsion of Time to File U.S. Individual Income Tax Return, was e Submission ID assigned to your extension

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to <code>www.irs.gov</code> and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

BAA REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.

Catalog Number 12901K BAA www.irs.gov REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see instructions): (2) Social security number (3) Relationship to you (4) / If qualifies for [see inst.] Child tax credit Credit for other dependents Credit for o	_									,				
SATISH CANDEDALLY Sort standard deduction: Someone can claim you as a decendent You were born before January 2, 1954 You are billion	Filing status:	X s	ingle Married filing jointly Marri	ied filing s	separately	Head o	of household	Quali	fying widow(er)				
Vote standard deduction:	Your first name a	and ini	ial L	ast name	•					Yo	ur soc	ial secui	rity nur	nber
Spouse is first name and initial Last name Spouse was born before January 2, 1954 Tall-year health care cover or enempt (see inst.) Spouse is a first name and initial Spouse health as a dependent Spouse was born before January 2, 1954 Tall-year health care cover or enempt (see inst.) Spouse health and street, if you have a Pol. Doz. are instructions. Apt. fin. Preference address purpose and street, if you have a Pol. Doz. are instructions. Apt. fin. Preference address purpose and street, if you have a Pol. Doz. are instructions B Spouse health and street, if you have a Pol. Doz. are instructions B Prepared to the preference and street, if you have a pol. Doz. are instructions; (3) Relationship to you (4) / If qualified Bection Campaign better) Prepared to the preference and the p	SATISH			SADEP	ALLY					3	01-9	3-505	53	
Spouse standard deduction: Someone can claim your spouse as a dependent Spouse vas born before January 2, 1954 Spouse is blind Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices on a separate return or you were dusel-status allen Spouse fertices of the status of the st	Your standard d	eduction	on: Someone can claim you as a de	pendent	You we	e born	before Januar	y 2, 1954	You	are bl	nd			
Spouse is billind	If joint return, sp	ouse's	first name and initial L	ast name)			·		Sp	ouse's	social se	curity	number
Spouse is billind														
Souse is blind Souse is blind Souse is brind Souse is provided and strends Souse S	Spouse standard	deducti	on: Someone can claim your spouse a	s a deper	ndent S	Spouse	was born befo	re January	2, 1954	×	Full-ye	ar health	care c	overage
Sign Uniter properties California Ca	Spouse is bli	nd	Spouse itemizes on a separate return	n or you v	vere dual-status	alien		-						Ü
Sign Under provides of policy doction that now examined this statum and accompanying schedule and consider from the provided grant for legislature California Cali	Home address (i	numbe	and street). If you have a P.O. box, see in:	structions	S.				Apt. no.	Pr	esidenti	al Electio	n Camp	aign
PISCATAWAY NJ 08854	3208 NEW	BRI	JNSWICK AVENUE						8	(se	e inst.)	Y	ou 🗌	Spouse
Dependents (see instructions): (i) First name Last nam	City, town or pos	st offic	e, state, and ZIP code. If you have a foreign	n address	s, attach Sched	ule 6.				If	more th	an four o	depend	ents.
Check for other objective control of the control	PISCATAW	AY I	J 08854											
Control of the dependence	Dependents (see in	structions):	(2) Soc	ial security number	er	(3) Relationship	to you	(4) ✓ if	qualifies	for (see in	st.):	
The cornect, and complete. Declaration of preparer (softer than taxapayer) is based on all information of which preparer has any knowledge. Your signature Date	(1) First name		Last name	. ,	•			1						endents
The cornect, and complete. Declaration of preparer (softer than taxapayer) is based on all information of which preparer has any knowledge. Your signature Date										1		-		
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The cornect, and complete. Declaration of preparer (softer than taxapayer) is based on all information of which preparer has any knowledge. Your signature Date									Ī	1			$\overline{\sqcap}$	
The cornect, and complete. Declaration of preparer (softer than taxapayer) is based on all information of which preparer has any knowledge. Your signature Date										1		-	$\overline{\sqcap}$	
Property										knowled	dge and I	oelief, they	are true	
Soft instructions Signature Signature Soft instructions	Here			taxpayer) i	I .	1		er has any ki	nowledge.	l	.DO		5	
See instructions. Keep a copy of Neep a copy of your records. Paid Preparer Use Only Preparer's name Preparer's signature Preparer's rerer's signature Preparer's rerer's signature Preparer's		Yo	our signature		Date							t you an lo	dentity P	rotection
Proparer Proparer Proparer Same	See instructions.) _							ER	_			5	
Prajamer's name		Sp	ouse's signature. It a joint return, both mu	st sign.	Date	Spot	ise's occupation	on				t you an lo	dentity P	rotection
Paid Propagate Use Only Firm's name Description SYM PRIYA RM SAGAR GUPTA TALLAM P0 20 8 27 0 3 30 - 1017196 30 Party Design 3								DTIN	1.					Ш
Preparer Use Only	Paid			•										
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Form 1040 (2018) Form 1040 (2018) Page 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest . 2a								Phone no	o. (212)	920-	4151	Se	elf-emplo	oyed
Page		Fi	m's address ► 2530 Pebble Cr	<u>eek I</u>	ın Cummir	ng GZ	30041							
March Form(s) W-2. Aso attach Form(s) W-2. Aso att	For Disclosure, F	Privacy	Act, and Paperwork Reduction Act Not	ice, see s	separate instru	uctions						For	m 104	· 0 (2018
March Form(s) W-2. Aso attach Form(s) W-2. Aso att	Form 1040 (2018)													Page 2
Attach Form(s) W.2. Also attach Ada	10111 1010 (2010)		NA 1 : 12 1 AN 1 E (X)	NA / O									34 9	
Attach Form(s) W-2.2 Also attach Withheld. b Ordinary dividends 3b 55 4a b Taxable amount 4b 5b 56 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 6 34 , 863 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 7 34 , 863 Standard Deduction for-Single or married lifting spearantely, 12 2, 000 8 Standard deduction or itemized deductions (from Schedule A) 8 12,000 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- 10 22,863 11 Tax (see inst.) 2 , 555. (check if any from: 1 Form(s) 8814 2 Form 4972 3			- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	vv-2 . 		· .							J T , C	
Formiss W-2c and 1099-R ftax was withheld. 4a			· —											
Standard Deduction for Single or married Single or married Standard Deduction for Single or married Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction (see instructions) Standard deduction or itemized deduction (see instructions) Standard deduction or itemized in standard deduction or itemized deduction or itemized deduction or itemized in standard					-		•							
Standard Post Pos														
Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 34, 863 34, 863 34, 863 34, 863 35, 2000 36, 2000 37, 2000	withinoid.				0.1.1.1.1.1		b Taxable	amount					2/1	062
Standard Deduction for— 8 Standard deduction or itemized deductions (from Schedule A) 8 12,000			ů ,		,		he amount fro	 om line 6:	 otherwise	6			J+, C	
Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Standard deduction (see instructions) Standard (standard deduction) Standard (standard deduction) Standard (see instructions) Standard (see instructio	Standard	·	, ,	•						7			34,8	363.
Subtract line 12 from line 11. If zero or less, enter -0- 10 22 , 863	Deduction for—	8	Standard deduction or itemized deduction	ns (from S	Schedule A) .					8			12,0)00.
Married filing		9	Qualified business income deduction (see	instructi	ons)					9				,
a Tax (see inst.) 2,555. (check if any from: 1 Form(s) 8814 2 Form 4972 3	1	10	Taxable income. Subtract lines 8 and 9 from	om line 7.	. If zero or less,	enter -)			10			22,8	363.
See instructions See instru	jointly or Qualifying	11	a Tax (see inst.) $2,555$. (check if any from	om: 1	Form(s) 8814	2	Form 4972 3)					
• Head of household, \$18,000 12 a Child tax credit/credit for other dependents by \$13 and 14 and \$15 and \$16 and \$17\$. These are your total payments and \$17 and \$18 and \$17\$. These are your total payments and \$18 and \$17\$. These are your total payments and \$18 and \$18\$. This is the amount you overpaid and \$18\$. This is the amount you over			b Add any amount from Schedule 2 and c	check her	е				. • 🗌	11			2,5	555.
\$18,000 If you checked any box under Standard deduction, see instructions. 13	Head of	12	a Child tax credit/credit for other dependents		b Add a	ny amour	nt from Schedule	3 and check	here ►	12				,
15		13	Subtract line 12 from line 11. If zero or les	s, enter -	0					13			2,5	555.
15		14	Other taxes. Attach Schedule 4							14				0.
16 S See instructions. 16 S See instructions. 17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		15	Total tax. Add lines 13 and 14							15			2,5	555.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 17		16	Federal income tax withheld from Forms \	W-2 and	1099					16			5,3	372.
18 Add lines 16 and 17. These are your total payments 18 5 , 372 Refund 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid 19 2 , 817 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here Direct deposit? See instructions. ▶ b Routing number 1 2 1 0 0 0 0 3 5 8 ▶ c Type: ★ Checking Savings See instructions. Amount of line 19 you want applied to your 2019 estimated tax Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	000 111011 001101101	17	Refundable credits: a EIC (see inst.) No		b Sch. 8812		c For	m 8863						
Refund 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid 19 2 ,817 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ □ 20a 2 ,817 Direct deposit? See instructions. ▶ b Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: ★ Checking Savings ▶ d Account number 3 2 5 0 3 5 5 0 5 9 3 8 □ 21 Amount of line 19 you want applied to your 2019 estimated tax . ▶ 21 Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22			Add any amount from Schedule 5							17				
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		18	Add lines 16 and 17. These are your total	payment	s		<u></u> .	<u> </u>	<u> </u>	18			5,3	372.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	Refund	19								19			2,8	317.
Direct deposit? See instructions. b Routing number 1 2 1 0 0 0 3 5 8 c Type: Checking Savings	riciuliu	20a	Amount of line 19 you want refunded to y	you. If Fo	rm 8888 is atta	ched, c	heck here .		. ▶ 🗌	20a			2,8	317.
See instructions. ▶ d Account number 3 2 5 0 3 5 0 5 9 3 8 21 Amount of line 19 you want applied to your 2019 estimated tax . ▶ 21 Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions . . ▶		▶b						ing [Savings					
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	see instructions.	►d	Account number 3 2 5 0 3	3 5 5										
		21	Amount of line 19 you want applied to your	2019 est	imated tax .	•	21		·					
23 Estimated tax penalty (see instructions)	Amount You Owe	22	Amount you owe. Subtract line 18 from li	ine 15. Fo	or details on ho	w to pa	y, see instruct	ions .		22				
		23	Estimated tax penalty (see instructions) .			. ▶	23							

BAA





2018 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1030

NJ-1040 2018 Page 1

040MP0118

 $\begin{array}{l} {\hbox{Your Social Security Number (required)}} \\ {\hbox{301935053}} \end{array}$

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

GADEPALLY SATISH

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm 1217} \end{array}$

3208 NEW BRUNSWICKAVENUE APT 8

City, Town, Post Office
PISCATAWAY

State ZIP Code

NJ 08854

Driver's License Number (Voluntary) (Instructions page 42)

G01016920008922

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Presidential disaster relief.

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.	121000	358
dd5.	Account number	dd5.	325035505	938







Name(s) as shown on Form NJ-1040 GADEPALLY SATISH

Your Social Security Number 301935053

1030

Part-year re	esidents, provide mo	nths/days	you were a New Jersey resident during 2018:	Fiscal year filers only:	
From:	010118	To:	092918	Enter month of your year end	2019

Filing Status Fill in only one.

1.	×	Single
2.		Married/CU Couple, filing joint return
3.		Married/CU Partner, filing separate return

4. Head of Household Enter Spouse's/CU partner's SSN

Qualifying Widow(er)/Surviving CU Partner 5.

> Indicate the year of your spouse's/CU partner's death: 2016 2017

ExemptionsFill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 = 1000
7.	Senior 65+ (Born in 1953 or earlier)		Self	Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self	Spouse/CU Partner			x \$3,000 =
10.	0. Qualified Dependent Children						x \$1,500 =
11.	1. Other Dependents						x \$1,500 =
12.	2. Dependents Attending Colleges (See instructions)						x \$1,000 =
13.	13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13. 1000.

14.	Dependent Information. Provide the following information for each dependent.	Fill in oval only if the dependent does not have	health insurance. (See	instructions)
	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.		_		
b.		_		
c.		_		
d.		_		

NJ-1040 2018 Page 3



$\label{eq:Name} \begin{array}{ll} \mbox{Name}(s) \mbox{ as shown on Form NJ-1040} \\ \mbox{GADEPALLY} \mbox{ SATISH} \end{array}$

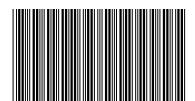
Your Social Security Number

301935053

1030

	010112 05100			
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	34863	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.		
17.	Dividends	17.		
18.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.		
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.		
24.	Net Gambling Winnings (See instructions)	24.		
25.	Alimony and Separate Maintenance Payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	34863	
28a.	Retirement/Pension Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.		
28c.	Total Exclusion Amount (Add Lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	34863	
30.	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	750	
31.	Medical Expenses (Worksheet F and instructions page 24)	31.		
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.		•
36.	Total Exemptions and Deductions (Add Lines 30 through 35)	36.	750	•
37.	Taxable Income (Subtract Line 36 from Line 29)	37.	34113	•
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	1620	•
38b.	Block			
38b.	Lot .			
38b.	Qualifier			
38c.	County/Municipality Code			
	Fill in if you completed Worksheet G			
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.		•
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	34113	•
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	527	•
42.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.		٠
	Enter Code			
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.	527	•
44.	Child and Dependent Care Credit (See instructions)	44.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		F 0.7	
45.	Balance of Tax (Subtract Line 44 from Line 43)	45.	527	٠
46.	Sheltered Workshop Tax Credit	46.	505	•
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	527	٠
48.	Gold Star Family Counseling Credit (See instructions)	48.	F 0 F	•
49.	Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	527	٠
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	U	•
51.	Interest on Underpayment of Estimated Tax	51.		•
	Fill in if Form NJ-2210 is enclosed		F 0 7	
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	527	•

NJ-1040 2018 Page 4



Name(s) as shown on Form NJ-1040

GADEPALLY SATISH

 $\begin{array}{c} {\rm Your\ Social\ Security\ Number} \\ {\rm 301935053} \end{array}$

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5.5 New Jency Estimated Tax Clorid (See instructions) 5.6	53.	Total New Jersey Income Tax Withheld (Enclose For	rms W-2 and 1099)						53.	1372	
Second Fill in if you had the IRS calculate your federal camed income rest Fill in if you had the IRS calculate your federal camed income rest Fill in if you had the IRS calculate your federal camed income rest Fill in if you are a CU couple claiming the N1 Earned Income Tax Credit Fill in if you are a CU couple claiming the N1 Earned Income Tax Credit Fill in if you are a CU couple claiming the N1 Earned Income Tax Credit Fill in if you are a CU couple claiming the N1 Earned Withheld (Incohes Form N1-2450) (See instructions) 59.	54.	Property Tax Credit (See instructions page 25)							54.	38	
Fill in if you had the IRS calculate your federal earned income reach: Fill in if you are a Cit couple claiming the NI Parmed Income Tax Town 17-157	55.	New Jersey Estimated Tax Payments/Credit from 20	17 tax return						55.		
Fill in if you are a CU couple claiming the N Beamed Income Pace Accedit	56.	New Jersey Earned Income Tax Credit (See instruction	ons)						56.		
Fill in if you are a CU couple claiming the N Beamed Income Pace Accedit		Fill in if you had the IRS calculate your federal earne	ed income credit								
Secretary New Percey Disability Insurance Withheld (Enclose Form NJ-2450) (Sec instructions)											
Second				ictions)					57.		
60. Wounded Warrior Caregivers Credit (See instructions)	58.	Excess New Jersey Disability Insurance Withheld (E	nclose Form NJ-2450) (Se	e instructi	ons)				58.		
50. Wounded Warrior Caregivers Credit (See instructions) 5. 1410 101 10		• • •							59.		
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60) 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe 63. 883 64. Amount from Line 63 you want to credit to your 2019 tax 65. Contribution to N.J. Endangerous Wildlife Faul 66. Contribution to N.J. Children's Trust Fund of Prevent Child Abuse 67. Contribution to N.J. Children's Trust Fund of Prevent Child Abuse 68. Contribution to N.J. Children's Trust Fund of Prevent Child Abuse 69. Contribution to N.J. Vietnam Veterans' Memorial Fund 69. Contribution to N.J. Statemere Research Fund 69. Contribution to U.S. New Jersey Educational Museum Fund 69. Contribution to U.S. New Jersey Educational Museum Fund 69. Contribution to U.S. New Jersey Educational Museum Fund 69. Contribution to U.S. New Jersey Educational Museum Fund 69. Contribution (See instructions) 610 \$20 Other Enter Code 67. Contribution (See instructions) 610 \$20 Other Enter Code 67. Contribution (See instructions) 68. Supplied Contribution (See instructions) 69. Contribution of U.S. New Jersey Educational Museum Fund 69. Contribution of U.S. New Jersey Educational Museum Fund 69. Contribution of U.S. New Jersey Educational Museum Fund 69. Contribution of U.S. New Jersey Educational Museum Fund 69. Contribution (See instructions) 610 \$20 Other Enter Code 70. Other Designated Contribution (See instructions) 71. Other Designated Contribution (See instructions) 72. Other Designated Contribution (See instructions) 73. Total Adjustments to Tax Due Overpayment amount (Add Lines 64 through? 2) 74. Balance due (If Line 62 is more than zero, add Line 62 and Line 63) 75. Refund amount (If Line 63 is more than zero, add Line 62 and Line 63) 76. Refund amount (If Line 63 is more than zero, add Line 62 and Line 63) 77. Refund amount (If Line 63 is more than zero, add Line 64 through? 2) 78. Refund amount (If Line 64 is more than zero, add Line 64 through? 2) 79. Refund amount (If Line 64 is more than zero, add Line 64 through? 2) 79.					,						
1 1 1 1 1 1 1 1 1 1		<u>-</u>		50)					61.	1410	
If you owe tax, you can still make a donation on Lines 65 through 72. 3. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment 64. 4. Amount from Line 63 you want to credit to your 2019 tax 64. Amount from Line 63 you want to designate 67. 65. Contribution to N.J. Endangered Wildlife Fund 66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse 67. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse 68. Contribution to N.J. Stream Verena's Memorial Fund 69. Contribution to N.J. Stream Verena's Memorial Fund 69. Contribution to N.J. Stream (See instructions) 60. Other Designated Contribution (See instructions) 60. Other Designated Contribution (See instructions) 61. S20 Other 62. Other Designated Contribution (See instructions) 63. S20 Other 65. Contribution to N.J. Stream Contribution on N.J. Stream Contribution (See instructions) 61. S20 Other 62. Contribution (See instructions) 63. S20 Other 64. Contribution to N.J. Stream Contribution on N.J. Stream Contribution on N.J. Stream Contribution on N.J. Stream Contribution (See instructions) 63. S20 Other 64. Amount Contribution on N.J. Stream Contribution (See instructions) 75. Refund amount (If Line 62 is more than zero, add Line 62 and Line 73) 76. Refund amount (If Line 63 is more than zero, add Line 62 and Line 73) 77. Refund amount (If Line 63 is more than zero, add Line 62 and Line 73) 78. Refund amount (If Line 63 is more than zero, add Line 62 and Line 73) 79. No 79.				2 and ente	r the amou	nt vou ow			1110		
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Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No This does not reduce your refund or increase your balance due. Health Insurance Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return. Spouse/CU Partner Yes No Domestic Partner Yes No Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Paid Preparer's Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Federal Identification Number Federal Interval	G 1										
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Indicate whether or not you (and your spouse/CU partner or domestic You Yes No Domestic Partner Yes No Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Paid Preparer's Signature Paid Preparer's Signature Paid PRIYA RAM SAGAR GUPTA TALLAM P02082703 Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Spouse/CU Partner's Signature View Including accompanying schedules and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Federal Identification Number Federal Identification Number Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Spouse/SCU Partner's Signature View Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Use the labels provided with the envelope and mail to: Spouse/SCU Partner's Signature View Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org	-		lue.	Spous	se/CU Pari	ilei	ies	NO			
Indicate whether or not you (and your spouse/CU partner or domestic You Yes No Domestic Partner Yes No Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Paid Preparer's Signature Paid Preparer's Signature Paid PRIYA RAM SAGAR GUPTA TALLAM P02082703 Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Spouse/CU Partner's Signature View Including accompanying schedules and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Federal Identification Number Federal Identification Number Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Spouse/SCU Partner's Signature View Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: Use the labels provided with the envelope and mail to: Spouse/SCU Partner's Signature View Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org											
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Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Finder Newson Fooderal Implementation Number Finder Implementation Number Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to	stater	ments, and to the best of my knowledge and bel	lief, it is true, correct, a	ind comp	lete. If pr	epared by		n Enclose pays voucher and envelope and New Reve	ment along with the tax return. Use the d mail to: Jersey Division of nue Processing Cer	e NJ-1040-V payment e labels provided with Taxation	the
Paid Preparer's Signature Federal Identification Number Federal Identification Number State of New Jersey – TGI You can also make a payment on our website: www.njtaxation.org SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Refund or No Tax Due Address Use the labels provided with the envelope and mail to	You	r Signature Dat	e Spouse's/CU	Partner's S	ignature (re	nuired if filin	ng jointly) Date	Trent Include Soci	ton, NJ 08645-0111 al Security number		
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Final Name Use the labels provided with the envelope and mail to										m our websile:	
			JPTA TALLAN								
Firm's Name Federal Employer Identification Number New Jersey Division of Taxation Revenue Processing Center	Firm's	s Name		F	ederal En	ployer Ide	entification Number	New	Jersey Division of	Taxation	•
GLOBAL TAXES LLC 30-1017196 PO Box 555 Trenton, NJ 08647-0555	ÇΤ	OBAL TAXES LLC			3 () – 1 ∩ 1	7196	PO B	Sox 555		